



INNOVATE · FORMULATE · CREATE

14205 Myerlake Circle
Clearwater, FL 33760-2824
Please fax resumes to: 727-490-4382

APPLICATION FOR EMPLOYMENT

Formulated Solutions is a Drug Free Workplace

Formulated Solutions is an equal opportunity employer. We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, sexual orientation, or any other legally protected status. Applications will remain on file for 6-months; applicants not considered for employment by that date will have to re-apply.

Dear Applicant:

- The purpose of our drug-free workplace program is to promote a safe, positive and productive work environment for all members of the Team.
- All applicants who are being considered for employment are required, as a condition of employment, to take a drug screening test. If you are a user or distributor of illegal drugs, an abuser of legal drugs or alcohol, you need not apply for employment here.
- Any questions you may have concerning this policy may be addressed to any member of Senior Management of Formulated Solutions or upon request a copy of this policy should be supplied.
- If you need assistance filling out this application, please contact Human Resources.
- Please answer each question to the best of your knowledge, much of the evaluation will be based upon the completeness and accuracy of the information provided.

Personal Data:

Last Name	First Name	Middle	Maiden	
Address	Street	City	State	Zip Code
Telephone Number	Social Security Number			
Previous Address if at present address less than 5 years				
Position(s) Applied for	Shift (Circle all that apply)		Date of Application	
	1st	2nd	3rd	

How did you learn about Formulated Solutions: _____

Do you have any friends or relatives working here?

If yes, name of employee: _____ Relationship: _____

Have you ever been employed with Formulated Solutions?

If yes, in what capacity? _____ Date of employment: _____

What date would you be available to start employment with us: _____

YES	No	
		Are you 18 years of age or older?
		Are you legally entitled to work in the United States (you will be required to provide proof of identity and eligibility to work in the U.S. if hired)
		Do you have a dependable means of transportation to and from work daily?
		Have you ever been convicted of any violation of Federal, State, County or Municipal Law, Regulation or Ordinance, other than minor traffic violations? (The fact that you have been convicted of a crime will not automatically disqualify you from further consideration for employment.) If yes, please explain: _____
		Have you ever been convicted or pleaded guilty or Nolo Contendre (no contest) to any felony? If yes, please describe in detail and attach to application.
		Have you ever been discharged or forced to resign? If yes, please explain: _____
		Do you agree to take a post-offer drug screening test?

Educational Background: Please provide information about your education experience.

Name and location of the High School you attended:			
Name of University/College & Location	# of years attended	Did you graduate?	Degree & Major

Military Service

Have you served in the Armed Forces of the United States? Yes No	Rank at Entry:	Rank at Discharge:	Branch of Service?
Dates of military service: From: _____ to: _____			
Are you presently under any military obligations, including National Guard or Reserves, which would require special work scheduling? If so, please explain: _____			

Current/Prior Contractual Obligations:

Do you have any current contractual obligations relating to a prior employer or client, such as a Confidentiality and/or Non-Compete agreement? Yes No
If yes, please list the arrangements, dates and employer involved:

Personal References: List the name & telephone number of three business/work references who are not related to you.

Name	Company	Telephone

Employment History

Provide the following information for your past and current employers (**month and year**), assignments or volunteer activities, starting with the most recent.

Present or Last Employer:				Job Title:		
Address:		Telephone:		Job Duties:		
Immediate Supervisor and Title:						
Reason for Leaving:						
	From	To		Start	Final	May we contact?
Dates Employed:			Hourly/Salary Rate:			Yes No

Present or Last Employer:				Job Title:		
Address:		Telephone:		Job Duties:		
Immediate Supervisor and Title:						
Reason for Leaving:						
	From	To		Start	Final	May we contact?
Dates Employed:			Hourly/Salary Rate:			Yes No

Present or Last Employer:				Job Title:		
Address:		Telephone:		Job Duties:		
Immediate Supervisor and Title:						
Reason for Leaving:						
	From	To		Start	Final	May we contact?
Dates Employed:			Hourly/Salary Rate:			Yes No

Present or Last Employer:				Job Title:		
Address:		Telephone:		Job Duties:		
Immediate Supervisor and Title:						
Reason for Leaving:						
	From	To		Start	Final	May we contact?
Dates Employed:			Hourly/Salary Rate:			Yes No

Additional Information (May not be applicable depending on position applied for)

For Driving and Outside Sales Positions

- Do you have a current driver's license? Yes or No CDL? Yes or No
State: _____ License No: _____ Expiration Date: _____
- Has your driver's license ever been suspended or revoked?
If yes, please explain: _____

Applicant's Statement:

I authorize the investigation of all statements contained in this application and hereby release from all liability or damage, those individuals or corporations who provide information such as my driving record, my criminal record, and interviews with others with whom I am acquainted. Interviews with others could include information as to my character, general reputation and personal characteristics.

The Company may require verification of age if employed, and may, at its option, require a physical examination at Company expenses after offer of employment has been made. The Company will also require proof of identity and eligibility to work in the U.S.

I understand that all applications who are being considered for employment are required, as a condition of employment, to take a drug screening test. I hereby consent for the Company or its agents to collect a urine sample from me and to conduct other necessary medical tests to determine the presence of drugs or controlled substances. Further, I give my consent for the release of the test results and review. I also understand that if the test results in a positive finding, I will no longer be considered for employment. I accept this as one of my conditions for applying for employment and consent to be tested.

I also authorize any of my former employers to furnish this company with their record of my services, my reason for leaving their employ, and any other information they may have concerning me. I hereby release any of my former employers from all liability for any damages in furnishing said record.

I further understand that Formulated Solutions may contact my previous employers, unless specified otherwise, and I authorize those employers to disclose, to Formulated Solutions, all records and other information pertinent to my employment with them. I also authorize Formulated Solutions to provide truthful information concerning my employ with it to any future prospective employers and I agree to hold it harmless for providing such information.

If employed, I will be subject a probationary period of 90-days and the Worker's Compensation Laws of Florida. I understand and agree that my employment is "at will" for no definite period and may, regardless of the period of payment and wages or salary, be terminated at any time for any reason without any previous notice. I further understand that no Company official has made any promises to the contrary or guaranteed me employment for any specified period of time, or has the authority to make such promise/guarantee, and that no employee handbook or policy may be construed to the contrary or interpreted as a contract or guarantee of employment.

I hereby affirm that my answers to the questions answered are true and correct. I authorize this Company to conduct whatever investigation it deems necessary to confirm the answers submitted on this application. If the investigation concludes that I have provided any untrue information, this will serve as sufficient grounds to immediately terminate the application process, or immediately terminate my employment regardless of when the discovery occurs.

Use of the application form does not indicate that there are any positions available, and in no way obligates the Company.

(This application for employment shall be considered active for a period of time not to exceed 6-months. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time).

I hereby acknowledge that I have read the foregoing and understand it.

Signature: _____ Date: _____